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TITLE: A Randomized Controlled Trial (RCT) to Assess and Improve the Effectiveness of Post-deployment Screening for Mental Illness

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14. ABSTRACT Baseline data collection in this cluster randomized controlled trial (RCT) began in October 2011, using an offline computerized screening questionnaire to assess PTSD, depression, anxiety and alcohol misuse in troops returning from deployment to Afghanistan. The secondary aims are to assess the subsequent health-seeking behavior of those identified as cases in the screened group in comparison to the control group. To date (01 March 2012) we have screened 2,640 service personnel. The study cluster RCT design recruits subjects at platoon level (20-35 individuals) as the unit of randomization. There are 2 arms: a screening group and a control group. Both arms have completed the self-administered computerized assessment. Only the screening group will receive specific advice on help seeking related to the scores on the mental health measures. We expect that this cluster RCT will offer a robust assessment of the impact of screening using a computer-based tool on mental illness in the military.					
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INTRODUCTION

- Despite intense efforts to screen US military personnel for mental disorders following deployment, the prevalence of mental disorders continues to rise in the first year after deployment. There have been calls in the UK to introduce similar post-tour screening in the UK in spite of a lack of evidence of its effectiveness.
- The main aim of this cluster randomized controlled trial (RCT) is to assess whether a post-deployment screening program for PTSD, depression, anxiety and alcohol misuse is effective in reducing the morbidity and functional impairment from these conditions.
- Secondary aims are to assess the subsequent health-seeking behavior of those identified as cases in the screened group in comparison to the control group.
- The study design will be a cluster RCT, based on platoon (20-35 individuals) as the unit of randomization, which will include 6,000 service personnel in 2 arms: a screening group and a control group. Both arms will complete the self-administered assessment. The screening group will receive specific advice related to their mental health scores but the control group will receive only general advice on help seeking in the military.
- We expect that this cluster RCT will offer a robust assessment of the impact of screening using a computer-based tool on mental illness in the military. We also expect that an effective screening program will improve the psychological welfare of personnel and thus contribute to force resilience and preparedness.

BODY

Task 1: Development of an offline mental ill health assessment tool

STATUS: Completed

The screening tests selected for the study were: the Post-traumatic Stress Disorder (PTSD) Checklist (PCL); the Brief Patient Health Questionnaire (PHQ-9); Generalized Anxiety Disorder questionnaire (GAD) and the Alcohol Use Disorders Identification Test (AUDIT). As indicated in our protocol the assessment is based on a two stage approach, a short test for each type of disorder and the full version of the PCL, PHQ-9, GAD and/or AUDIT according to the positive results of the short tests . We use in the first stage appraisal the Primary Care PTSD (PC-PTSD); the first two items of the PGQ-9 and the GAD and the first two questions of the AUDIT questionnaire (initially four items but modified later on, see last paragraph of this section).

In addition we collect information for monitoring purposes on mild Traumatic Brain Injury (mTBI) and one question to assess functional impairment. We also collect Service-demographic data, and a 5 items health economic instrument (Euro Qual-5D) to generate quality of adjusted life years (QALYs). The screening procedure is implemented using an offline tool. Data collected is stored in two separate encrypted files on a secure server. One file includes the participant's personal identifiers and survey number, and another includes the survey number and the responses to the offline questionnaire.

Specific recommendations are generated as a result of the responses given to each of the screening tests for those in the intervention group and general advice for those in the control arm of the study. We ensured that the offline instrument was free of glitches, provided a high standard of security and confidentiality, and that information could be downloaded securely to our University server. In the process of developing the tests, we piloted the tool in-house to ensure correct functionality and ease of use.

We piloted the procedure in 99 Service personnel, all were private rank, to ensure that participants understood the items

of the screening tests, were able to navigate the system appropriately, and gained feedback from participants on advice provided to the screening and control group (June 2011). In 52 participants we obtained consent to ask for detailed feedback on the questionnaire and separately, for a qualitative study aimed to assess the views on a screening program for mental illness in the UK military.

After piloting we refined the online instrument to produce a full model of the tool which is used in the study both for those who will be in the intervention arm and those who will be part of the control arm. We decided to eliminate the first two questions from the post-deployment screening instrument used by the US Department of Defense in this part of the questionnaire as too many sub-threshold participants were completing the AUDIT. We re-piloted this modified questionnaire with 18 Royal Marines and 20 Reservists to assess understanding, acceptability and length. The tool was ready for use two months before the start of the main study.

Task 2: Recruitment and assessment of personnel in the initial assessment of the screening and control groups

STATUS: Ongoing

We have randomized 142 PLATOONS into two groups and obtain informed consent from individuals for follow up and access to medical/personnel records. In the first wave of data collection, between 25 October 2011 and 21 February 2012, we have screened 2,640 Royal Marines and Army personnel out of a maximum of 3,600. We have provided those in the screening arm with advice according to test results immediately following questionnaire completion. The control group has received general advice. Both groups received a letter by post within 2 weeks of completing the offline questionnaire. This letter reiterates the advice given on-screen during the assessment.

In February we submitted a proposal to USAMRMC to extend the period of recruitment of service personnel to the trial by a further 6 months - see Appendix 1. Our request followed a finding that 50% of those in the screening arm of the study did not want to receive specific advice. This unexpected result would decrease the statistical power to detect a difference between the screening and control arms of the study. Appendix 1 explains the measures we would like to take

to remedy the problem. Our proposal is to change the ratio of randomization between the intervention and the control arms from 1:1 to 2:1 and to increase the number of tours included in the study from 2 to 3 (HERRICK 14, 15 and 16). This will increase the total number of service personnel in the study from 5,200 to approximately 7,800.

These proposed changes were agreed on 16 February by Dr Robert Linton, Chairman of the Ministry of Defence Research Ethics Committee (General) - see Appendix 2.

A secondary aim of our study is to assess the health care seeking behavior of personnel in the screening and control arms of the study. This undertaking will be carried out obtaining information from those recruited in the study in the follow up stage and obtaining routinely collected information UK Defence Medical Information Capability Programme (DMICP) and the Joint Personnel Administration (JPA). DMICP has never been used in research until now and this intended use of the system is a major undertaking. An assessment of suitable fields from the DMICP and the JPA databases has been successfully undertaken on pilot data and a Data Sharing Agreement between King's College and DASA will be signed in March 2012.

Task 3: To reassess personnel in the two arms (17 months)

STATUS: Ongoing

The content of the follow-up questionnaire was finalized in January 2012) (Appendix 3). We will need an offline questionnaire to use in personnel who remained in their original assessed unit and a pen and paper questionnaire to be used in those who changed unit or left the services. We envisage that we will have to make several attempts to contact a large proportion of the participants. The offline, web-based and pen and paper reassessment questionnaires are in the process of being developed. A suitable Army unit is being identified to pilot this questionnaire. We are planning to have ready for use these two options of the questionnaire by September 2012 at the latest, well before the start of the follow-up stage of the study (November 2012).

Our approach to data gathering in the follow-up stage is as follows: we will try to obtain information by visiting the bases for those who are still in sufficient numbers, say at

least 50 Service personnel, and we will use paper or web-based password secure questionnaires for those who were unavailable during the visits, those who have left service and those who are in bases with a low number of participants.

The reassessment period will take up to 16 months in total for the two deployment groups. Approximately 15% of the participants may have left the Armed Forces and we will need to find valid contact details for many of them. The number of personnel we will follow up will include all randomized units and is likely to exceed 9,000 personnel if a 3rd tour is included - see APPENDIX 1.

Linkage to medical and personnel electronic data systems (DMICP and JPA) has been agreed with DASA. We expect to get data from the DMICP and JPA bases for the consenting participants for a period of 18 months pre-initial assessment and 18 months following initial assessment.

Task 4: Analysis and dissemination of main results

STATUS: Not yet started

KEY RESEARCH ACCOMPLISHMENTS

1. A versatile offline mental health screening assessment which offers immediate tailored advice has been successfully implemented in 2,640 Service personnel.
2. A fully proven system of entry of Service personnel into the study; first gaining chain of command support for the study, then preparing a fully identifiable set of companies and platoons for randomization on the day of assessment.
3. To set up in a remote location 45 laptops pre-loaded with the appropriate type of questionnaire (intervention and control versions), to minimize waiting time for participants and minimize errors of allocation i.e. personnel being presented with the correct version of the computerized questionnaire according to randomization.
4. To ensure the safe and secure return of data to research offices and to download data to the secure college server.
5. To send feedback letters to all trial participants within 2 weeks of completing the questionnaire.

REPORTABLE OUTCOMES

The writing of a qualitative paper has been discussed internally. The purpose of this paper would be to report on beliefs and experiences on the value of a screening program for mental illness in UK military personnel.

CONCLUSIONS

Conclusions: As we are in the initial stages of the study, it is premature to comment on the main outcomes of the study. However, we have gained invaluable information on the way service personnel think and appraise the value of screening for mental illness in the service. If the study were to show that screening is effective we would be in position to advice on the organization of a screening program in the UK military.

Although still in the process of being finalized, we are more positive that we will be able to utilise routinely collected medical and personnel data to assess the health care seeking behaviour of our cohort for research purposes.

REFERENCES

None at this stage.

Please note: there are minor differences in the dates and figures given in this report and Appendix 1. These are due to the time of completion of Appendix 1 written in January 2012 and the current document written in March 2012.

APPENDIX 1: PROPOSED CHANGES TO THE STUDY

Changes proposed to the study "A randomised controlled trial (RCT) to assess and improve the effectiveness of post-deployment screening for mental illness" in 2012

1 Executive summary of proposed changes for 2012

1.1 To change the ratio of randomization between the intervention and the control arms from 1 to 1 (50% in each arm) to 2 to 1 (66.6% to 33.3%).

1.2 To increase the number of tours included in our study from 2 to 3, increasing the total number of service personnel in the study from 5200 to approximately 7800 service personnel.

The proposed changes are necessary to increase the unexpected low number of service personnel in the intervention arm of the study who are willing to receive the specific advice related to their responses to mental health measures in the study. Only 50% of those in the intervention arm of the study from tour 1 wanted to receive the advice. We propose to absorb the extra costs related to the changes and monitor expenditure during the current year. Including a third tour in the study would delay the end of the study from August 2014 to December 2014, to allow follow up of the third tour for up to 16 months from their initial assessment.

2 Purpose of the document

The purpose of this document is to highlight the main modifications we want to make to our study based on the issues identified during the pilot stage of the study and assessments of the first tour in the period November 2011 to January 2012.

We conceive this overview as an opportunity to discuss with funders, the advisory committee and ethics committees the proposed changes to the agreed protocol. This document is separate from the annual report that will be submitted to funders by the beginning of March 2012, but we expect that the outcome of this discussion will feed into our annual report and that we can present an agreed set of modifications.

This document provides the reasons for the changes suggested to our original protocol and the resource consequences of these changes.

3 The successes

As indicated in our quarterly reports the piloting of the instruments in this study and the implementation of procedures was successful. The organization of each data collection visit required careful planning:

- To map the structure of companies and their platoons suitable for the study well before the base visits ensuring that we had the information to identify each platoon in a company and the personnel in each platoon
- To prepare the visit of our research team well in advance to ensure support from commanding officers to provide the facilities and time to assess the companies selected for the study
- To randomize platoons into the two arms of the study on the day of the visit to avoid failure to attend because of unexpected changes to a company's commitments
- To set up in a remote location 45 laptops pre-loaded with the appropriate type of questionnaire, intervention and control versions, to minimize waiting time for participants and minimize errors of allocation i.e. personnel being presented with the correct version of the computerized questionnaire according to randomization
- To ensure the safe and secure return of data to research offices and to download data to the secure college server
- To send feedback letters to all trial participants within 2 weeks of completing the questionnaire

The developed procedure was glitch free. The only issue worth noting was that there were some instances where service personnel who had agreed to organize the activities for our visit did not provide the expected support and consequently there were some locations in which most members of the companies were unavailable on the day of the visit. In most cases we visited the location again, but this was not always

feasible. It explains why we were able to capture 2605 instead of the 3681 subjects identified for inclusion in our study. Thus we entered all selected platoons into the study, but there was some variation in the proportion of service personnel available for inclusion either because of lack of information or because some subjects were attending courses and training elsewhere. It is also worth reporting that during the visits there were no incidents related to our study.

4 The problems

As explained in our original protocol, we followed Zelen's design. Those in the intervention group were told that they would be provided with instant feedback and provided with advice relevant to them which we hoped would be beneficial. In contrast to the control group, they needed to give consent as to whether they wanted to receive the advice. We found that most personnel were willing to participate in the study, but, unexpectedly, a sizeable group did not consent to receive specific advice. We had already noted such behaviour during the pilot stage and having discussed possible solutions, we became convinced that we could not omit the consent stage in the intervention group. The approved protocol asked for positive consent to receive advice in those in the intervention arm and even if we had not asked for consent the expectation would be that those who would not have consented would also be unwilling to read and act upon the advice.

At the time of the pilot we thought that the unwillingness to see the advice may have been specific to the characteristics of the group piloted. However, this unwillingness to see the advice was a constant during the data collection period. The percentage not wishing to see the advice in the intervention group was approximately 50%. The effect of low consent rate would be to decrease the chance of finding a difference between the intervention (screening) group and the control group.

5 Proposed solutions to low consent rate

We propose two modifications to the protocol to tackle the problem of low consent in the study:

- 1 To change the ratio of randomization between the intervention and the control arms from 1 to 1 (50% in each arm) to 2 to 1 (66.6% to 33.3%).

2 To increase the number of tours included in our study from 2 to 3.

5.1 The change of ratio

The low consent rate in the intervention group would decrease the absolute number of subjects who may change behaviour because of the advice. The increase of the ratio in favour of the intervention arm would raise the absolute number receiving advice while still leaving a sizeable control group. If we keep the ratio 1 to 1 between arms and assume consent of 50% in the intervention arm this would result in only 1325 receiving the advice (Table 1). However, if the ratio between arms is changed to 2 to 1 this would result in 1541, an increase of 16%. Notwithstanding this increase, the number receiving the advice would be substantially below our expectation at the outset of the study as we expected that approximately 2500 in the intervention arm would receive the specific advice.

5.2 Inclusion of a third tour to the study

The inclusion of a third tour would provide a more substantial increase in the number of participants in the intervention arm willing to read the tailored advice. We estimate that we would increase the number willing to receive specific advice from an estimated 1541 to an estimated 2408, an increase of 56%. The control arm would still have a substantial number of participants.

5.2 Resource consequences of the proposed changes

a) The change of the ratio of platoons between the intervention and control arms is cost neutral.

b) The additional tour which would be entered into the study between November 2012 and January 2013 would need to be resourced in terms of employing researchers to prepare and carry out the fieldwork and the cost of travelling.

We believe that we can absorb the cost of researchers for the third tour because we were unsuccessful to appoint two of the researchers at the start of data collection (October 2011). This allowed us to appraise the ability to cope with only the co-ordinator and four fieldworkers. We found that the team was sufficient to carry out the work required for the study at

this stage. The savings of these 2 posts would allow us to appoint new fieldworkers or to extend the contract of those already appointed. In Figure 1 we show in green the saved resources which would be used to extend the contracts of those already employed or to hire new fieldworkers if appropriate. Figure 1 shows in green the resources saved in 2011 and in red the timing for the expenditure of the resource. We are confident that with the resources as shown in Figure 1 we would be able to cope with the inclusion of the third tour and the follow-up assessment of the first tour which should start in November 2012. We are, however, concerned about the human resources required for the follow up assessments of tours 2 and 3. This will need careful management of the resources to avoid depletion later on.

Likewise we expect, based on travel expenditure related to the work carried out between October 2011 and January 2012, that we will be able to absorb the travelling costs for the additional tour. However, we may need to ask for a modest sum of money in the third year should we find that travelling costs are higher in relation to the second and third tours. We will monitor the situation closely to control expenditure.

The inclusion of a third tour would delay the end of the study and writing of the main report from the end of August 2014 to December 2014. This is necessary because we allow 16 months from the initial assessment for the re-evaluation of participants. An eventual third tour would be entered the study between November 2012 and January 2013, allowing 16 months before re-evaluation would take us to end of May 2014 (Figure 1).

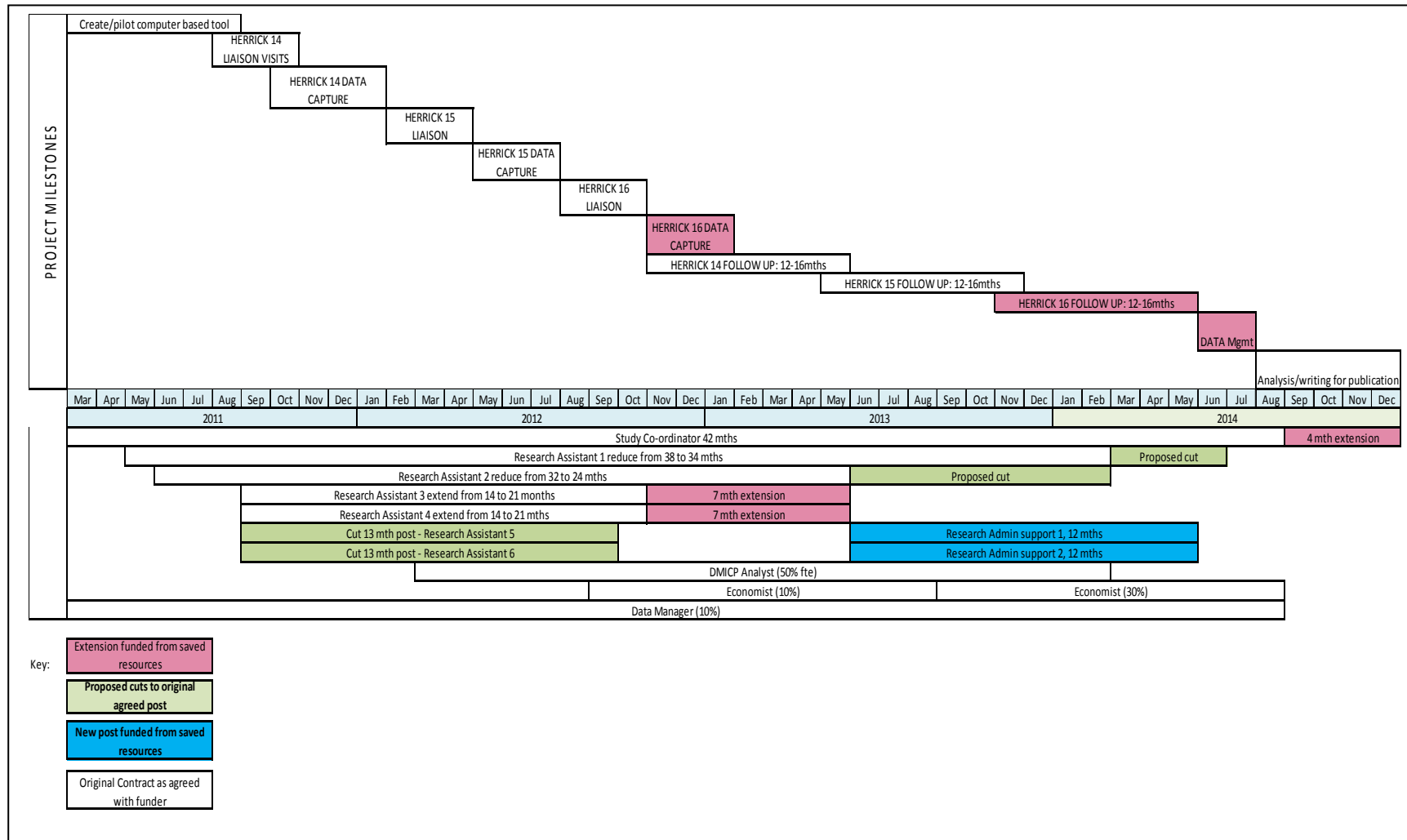
It is our commitment to maintain costs of the study within the grant allocated. We request that you to authorize the changes because we believe they are essential for the success of our study.

Table 1 Projection of number of participants receiving specific advice in the intervention arm

Tour (period)	Total entered or projected		Platoons and Personnel in intervention arm		Platoons and personnel in control arm	
	Platoons (estimates)	Personnel (estimates)	Platoons (estimates)	Personnel (estimates)	Platoons (estimates)	Personnel (estimates)
Tour 1 (November 2011 to January 2012)	142	2600	73	1350	69	1250
Tour 2 (June to August 2012) ratio 1 to 1	110**	2600	55	1300	55	1300
Tour 2 (June to August 2012) ratio 2 to 1	110**	2600*	73	1733	37	867
Tour 3 (November 2012 to January 2013)	110**	2600*	73	1733	37	867
Total based on 2 tours if ratio remains 1 to 1	252	5200	110	2650	110	2550
Willing to receive specific advice if ratio remains 1 to 1				1325		
Total based on two tours with a 2 to 1 ratio	220	5200	128	3083	92	2117
Willing to receive specific advice if 2 tours are entered in the study and ratio is 2 to 1				1541		
Total in 3 tours	330	7800	201	4816	129	2984
Willing to receive specific advice if 3 tours are entered in the study				2408		

* In the protocol we indicated that 3000 service personnel will enter the study, but we base our estimates in the number entered in the study in the first tour to project likely participation in tours 2 and 3. ** In the protocol we planned to randomize 110 platoons, but in tour 1 we randomized 142 based on companies available for the study.

Figure 1 Project milestones and staff resources (revised January 2012)



APPENDIX 2 – MODREC APPROVAL LETTER

eral)



King's Centre for Military Health Research
Weston Education Centre
Cutcombe Road
London
SE5 9RJ

87/Gen/10

Dear Professor Rona,

Re: A cluster randomised controlled trial (RCT) to assess and improve the effectiveness of post-deployment screening for mental illness (187/Gen/10) – 1st amendment

Thank you for sending details of this proposed amendment.

You wish to change the ratio of randomization between the intervention and the control arms from 1 to 1 to 2 to 1 and to increase the number of tours included in the study from 2 to 3 (HERRICK 14, 15 and 16), increasing the total number of service personnel in the study from 5200 to approximately 7800.

These changes are needed because of the unexpected low number of service personnel in the intervention arm of the study who are willing to receive the specific advice related to their responses to mental health measures in the study.

On behalf of the Ministry of Defence Research Ethics Committee, I am happy to give ethical approval for this amendment.

Yours sincerely,

Dr Robert Linton MD

Chairman MOD Research Ethics Committee (General)

telephone: 020 8877 9329

e-mail: robert@foxlinton.org.

Mobile: 07764616756

APPENDIX 3

**A Randomised Controlled Trial to Assess and Improve the
Effectiveness of Post-Deployment Screening - 'The POST Study'**

Follow-up questionnaire

About 12 months ago the unit you deployed with to Afghanistan took part in the first part of the POST Study. At that time you may have been asked to fill in a short questionnaire on a computer which asked about your health and wellbeing following deployment. The unit you deployed with is now being followed up to see how it is getting on. Whether you are still with the unit or not, this is the last time the POST Study will follow you up.

We are keen to remind you that our academic research unit (the King's Centre for Military Health Research - KCMHR) is an independent research team based at King's College London. We NEVER communicate any answers you provide to anyone in your unit, the military or the Ministry of Defence or indeed elsewhere in any way that might mean that you could be identified.

All the information that you provide will be kept completely confidential. The answers you give will greatly assist us in providing advice on screening for mental health to the UK Armed Forces.

We are very grateful for your participation in this important study and we hope you are able to spend time completing this questionnaire, which should take no longer than 10-15 minutes.

Thank you for your time!

Study ID:.....

Service Number:.....

PRIZES!!

To be entered into a prize draw to win one of 20 prizes (one prize of £250, 2 prizes of £100, 5 prizes of £50 and 12 prizes of £25), please fill in your details below:

Name:.....Email
address:..... Telephone
(home):.....Telephone (mobile):.....
Address:.....

Postcode:

The following questions are about your physical health over the past four weeks.

Patient Health Questionnaire 20

During the PAST 4 WEEKS, how much have you been bothered by any of the following problems?		Not bothered at all	Bothered a little	Bothered a lot
a.	Stomach pain			
b.	Back pain			
c.	Pain in your arms, legs, or joints (knees, hips, etc.)			
d.	Menstrual cramps or other problems with your periods [Women only]			
e.	Headaches			
f.	Chest pain			
g.	Dizziness			
h.	Fainting spells			
i.	Feeling your heart pound or race			
j.	Shortness of breath			
k.	Pain or problems during sexual intercourse			
l.	Constipation, loose bowels, or diarrhoea			
m.	Nausea, wind, or indigestion			
n.	Feeling tired or having low energy			
o.	Trouble sleeping			
p.	Irritability/outbursts of anger			
q.	Double/blurred vision			
r.	Forgetfulness			
s.	Loss of concentration			
t.	Ringing in the ears			

National Centre for PTSD Checklist civilian version (PCL-C)



KING'S CENTRE FOR MILITARY HEALTH RESEARCH

Follow-up measures

Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, and indicate how much you have been bothered by that problem in the *last month*.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeated, disturbing dreams of a stressful experience from the past?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling very upset when something reminded you of a stressful experience from the past?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience from the past?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid thinking about or talking about a stressful experience from the past or avoid having feelings related to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid activities or situations because they remind you of a stressful experience from the past?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble remembering important parts of a stressful experience from the past?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loss of interest in things that you used to enjoy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling distant or cut off from other people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling emotionally numb or being unable to have loving feelings for those close to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling as if your future will somehow be cut short?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling irritable or having angry outbursts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having difficulty concentrating?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being "super alert" or watchful on guard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit

PHQ-9



KING'S CENTRE FOR MILITARY HEALTH RESEARCH

Follow-up measures

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Submit

GAD

K C M H R				
KING'S CENTRE FOR MILITARY HEALTH RESEARCH				
Follow-up measures				
Over the last 2 weeks, how often have you been bothered by any of the following problems?				
	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worrying too much about different things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble relaxing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being so restless that it is hard to sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AUDIT



Follow-up measures

How often do you have a drink containing alcohol?

- ☐ Never
- ☐ Monthly or less
- ☐ 2 to 4 times a month
- ☐ 2 times a week
- ☐ 3 times a week
- ☐ 4 or more times a week

How many UNITS of alcohol do you have on a typical day when you are drinking?

A pint of standard beer / lager = 2 units A pint / can of strong beer / lager = 3 units
 A single measure of spirit / small glass of wine = 1 unit A bottle of alcopop (e.g. Smirnoff Ice) = 1.5 units

- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 to 9
- ☐ 10 to 14
- ☐ 15 to 19
- ☐ 20 to 29
- ☐ 30 or more

How often do you have six or more units on one occasion?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily / almost daily

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Follow-up measures

How often during the PAST YEAR have you found that you were not able to stop drinking once you had started?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily / almost daily

How often during the PAST YEAR have you failed to do what was normally expected of you because of drinking?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily / almost daily

How often during the PAST YEAR have you needed a drink in the morning to get yourself going after a heavy drinking session?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily / almost daily

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KING'S CENTRE FOR MILITARY HEALTH RESEARCH

Follow-up measures**How often during the PAST YEAR have you had a feeling of guilt or remorse after drinking?**

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily / almost daily

How often during the PAST YEAR have you been unable to remember what happened the night before because of your drinking?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily / almost daily

Have you or someone else been injured because of your drinking?

- ☐ No
- ☐ Yes, but not in the last year
- ☐ Yes, during the last year

Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

- ☐ No
- ☐ Yes, but not in the last year
- ☐ Yes, during the last year

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Client Service Receipt Inventory

We are interested in the help you may have received over the last 12 months. Please could you indicate if you have accessed the following services in the **LAST 12 MONTHS**, and if so please indicate how many times you have used them?

Service	Please circle		Number of visits
MILITARY SERVICES			
Military Medical Officer/General Practitioner (GP)	Yes	No	
Military Mental Health Professional (e.g. nurse, psychologist, social worker, psychiatrist)	Yes	No	
Please specify which, if known: _____			
Other Military Medical Services professional (nurse, physio, medic etc)	Yes	No	
Padre	Yes	No	
TRiM Personnel	Yes	No	
Unit Welfare Officer/team	Yes	No	
'Alternative' medicine or therapy, e.g. acupuncture provided by the military	Yes	No	
Please specify: _____			
Military provided telephone helpline	Yes	No	
NON-MILITARY SERVICES			
Non-military GP/doctor	Yes	No	
Mental Health Professional (e.g. nurse, psychologist, social worker, psychiatrist)	Yes	No	
Please specify which, if known: _____			
Other Medical Services professional (nurse, physio, medic etc)			
Please specify which, if known: _____			

Accident & Emergency at a hospital Yes No

The Soldiers, Sailors, Airmen and Families Association (SSAFA) Yes No

Online help (e.g. The Big White Wall) Yes No

Service Charities (e.g. RBL, Combat Stress, SSAFA) Yes No

Specify_____

‘Alternative’ medicine or therapy, e.g. acupuncture Yes No

NOT provided by the military

Please specify_____

Have you accessed any of the following services in the **LAST 12 MONTHS**? If yes, please indicate the length of your stay?

	Tick appropriate answer		Length of stay (days)
Inpatient care (psychiatric)	Yes	No	
Inpatient care (physical)	Yes	No	
Regional Rehabilitation Unit (RRU)	Yes	No	

In the LAST 12 MONTHS have you taken any of the following medication? If yes, for approximately how many weeks were these taken in the last 12 months?

Medication		If yes, approximately how long have you have been taking these for? (weeks)
Anti depressants	Yes No	
Pain killers	Yes No	
Sleeping tablets	Yes No	
Other, please specify _____		

Stigma items

Here are some issues that might effect people's decision to seek help for a mental health problem. Please indicate how much you agree or disagree with each statement thinking about how each might effect your decision to seek help for a mental health problem if you were to experience one.

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
It would be too embarrassing					
My bosses would blame me for the problem					
I would be seen as weak (by those who are important to me)					
My visit would not remain confidential					
There would be difficulty getting time off work for treatment					
I want to cope with this type of problem myself					
I prefer to receive help from family or friends					

Euro Qual

By selecting one answer from each group below, please indicate which statements best describe your own health state today:

Mobility

- ☐ I have no problems in walking about
- ☐ I have some problems in walking about
- ☐ I am confined to bed

Self-Care

- ☐ I have no problems with self-care
- ☐ I have some problems washing or dressing myself
- ☐ I am unable to wash or dress myself

Usual Activities (e.g. work, study, housework, family or leisure activities)

- ☐ I have no problems with performing my usual activities
- ☐ I have some problems with performing my usual activities
- ☐ I am unable to perform my usual activities

Pain/Discomfort

- ☐ I have no pain or discomfort
- ☐ I have moderate pain or discomfort
- ☐ I have extreme pain or discomfort

Anxiety/Depression

- ☐ I am not anxious or depressed
- ☐ I am moderately anxious or depressed
- ☐ I am extremely anxious or depressed

Functional Impairment

In the PAST MONTH, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups? Please tick one.

All of the time	Most of the time	Some of the time	A little bit of the time	None of the time

SF 36

In general, how would you rate your health? Please tick one.

Excellent	Very good	Good	Fair	Poor

Thank you for taking part in this study.

END OF DOCUMENT